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REF: A) ADDIS ABABA 3642
SUBJECT: USG HUMANITARIAN ASSISTANCE TEAM: HEALTH AND NUTRITION
UPDATE #2

SUMMARY

¶1. (U) Summary: Between December 27 and 30, the U.S. Government (USG) Humanitarian Assistance Team (HAT) in Ethiopia health and nutrition specialist traveled to Jijiga and Degehabur zones in Somali Region as part of an initial field visit to assess humanitarian conditions and evaluate preliminary health and nutrition reports collected in Addis Ababa. USG HAT staff met with representatives from the U.N., the Government of the Federal Democratic Republic of Ethiopia (GFDRE), and non-governmental organizations (NGOs) operating in Jijiga and Degehabur zones.

¶2. (U) The absence of reliable health and nutrition data for Somali Region extends to Degehabur Zone, where no population-based data is available for 2007, complicating efforts to determine the severity and magnitude of reports of deteriorating humanitarian conditions. USG HAT staff report that despite the recent reopening of several health posts along the main road in Degehabur District since mid-December, the capacity of health facilities remains low due to lack of essential medical supplies. In addition, reduced access to remote areas in Degehabur District and surrounding districts in Degehabur Zone continues to undermine health service delivery and humanitarian response efforts. According to USG HAT staff, low

measles coverage and the anticipated increase in the prevalence of acute malnutrition with the onset of the jilal dry season from January to April are of significant concern. The focus of information gathered from the December 27 to 30 field visit is specific to Degehabur zone and does not necessarily reflect conditions in other conflict-affected areas of Somali Region. End summary.

REDUCED HEALTH ACCESS AND DELIVERY

¶13. (SBU) Since June 2007, the combined effect of the loss of health staff due to conflict and the decreased availability of medical supplies due to restrictions on movement has negatively affected the capacity of existing health facilities to provide adequate care in conflict-affected areas of Somali Region, according to the head of the Somali Regional Health Bureau (RHB). In addition, health post closures have undermined health service delivery. The most affected health facilities are health posts, which typically serve remote populations, in particular in Degehabur and Fik zones, according to the RHB.

¶14. (U) USG HAT staff visited several health posts previously closed during the conflict that have reopened since mid-December along the main road between Jijiga and Degehabur and points further south. However, USG HAT staff report that these posts lack medical supplies and are staffed by primary health workers with limited training. The only supplies available are essential drugs provided by the U.N. Children's Fund (UNICEF). Drugs provided by the GFDRE RHB in July 2007 do not appear to have reached health post destinations, although USG HAT staff note that it is unclear whether this is due to poor management and tracking procedures or failed deliveries.

¶15. (SBU) In addition, USG HAT staff received reports of military closures and destruction of health facilities in Degehabur District.

In one of the villages visited by USG HAT staff village, health care staff reported that the health post reopened on December 26, following seven months of military occupation. However, staff reported that one room of the two-room facility continues to be utilized by the military. In a nearby village, health staff reported that the health post reopened in mid-Decemebr, following six months of military closure. Health staff reported that their previous health post along the Degehabur/Degehamedo road had been closed by the military and subsequently burned along with the village. USG HAT staff were not able to access this area and unable to directly confirm the report.

¶16. (U) Emergency response efforts have also encountered access restrictions and a lack of clarity regarding bureaucratic procedures for approval to operate in conflict-affected areas. Medecins Sans Frontieres/Greece (MSF/Greece) reported that it has taken nearly two months to receive approval to establish a base in Degehabur District. However, as of December 29, MSF/Greece remains restricted to Degehabur town and has not received military approval to access more remote areas, despite verbal approval from the zonal and district administrators.

¶17. (SBU) Required military escorts for vehicles delivering drugs in conflict-affected areas is delaying the deployment of USAID Office of U.S. Foreign Disaster Assistance (USAID/OFDA)-funded UNICEF mobile health, nutrition, and water, sanitation, and hygiene (WASH) teams in conflict-affected areas of Somali Region. The RHB will currently not accept a military escort for mobile teams due to concerns of compromising RHB neutrality. In addition, UNICEF reported that mobile teams operating in the conflict-affected areas are now required to submit staff clan affiliations to the GFDRE Office of the Somali Regional President for review and that approval is currently pending. Furthermore, UNICEF reports that even if clearances and issues of military escort are resolved at the regional level, it is concerned that the process will have to be repeated at the zonal and district levels.

¶18. (U) Since September 2007, UNICEF, in coordination with the RHB, has provided emergency supplies of essential drugs to ten main targeted health facilities in Somali Region, including the district hospital in Degehabur Zone. As of December 30, only 24 out of 41 satellite health facilities had received supplies in Somali Region.

UNICEF also reported that many of the satellite health facilities have not received complete shipments. USG HAT staff confirmed that health posts in Hurale, Garowe, and Obale villages, Degehabur District, had received incomplete shipments of UNICEF's emergency supply of essential drugs.

NUTRITION

¶19. (U) The absence of reliable health and nutrition data for Somali Region extends to Degehabur Zone, where no population-based data is available for 2007. However, the USG HAT received reports of acute malnutrition from MSF/Greece operating in Degehabur District, but cautioned that the information is incomplete and cannot be

generalized for the local population. In mid-December, MSF/Greece initiated a nutrition screening of children accessing Degehabur hospital in Degehabur town. As a result, MSF/Greece has admitted 56 patients to a community-based therapeutic care (CTC) program, including 11 identified with severe acute malnutrition. However, due to MSF/Greece's inability to provide baseline data, the utility of this information is limited. In addition, the information only reflects children accessing the district hospital.

MEASLES

¶10. (U) USG HAT staff note evidence of low measles coverage in Degehabur Zone, including a 2006 annualized routine immunization rate of 3.9 percent and limited local health infrastructure capacity. The Degehabur District hospital is the only health facility in Degehabur Zone currently providing annualized routine immunizations. In the context of chronically high levels of acute malnutrition and an anticipated increase in existing acute malnutrition levels with the onset of the jilal dry season from January to April, low coverage has raised concerns for a potential measles outbreak and its impact on vulnerable populations.

¶11. (U) According to the Somali RHB, there have been no reports of suspected measles cases in Degehabur Zone in 2007, and the Acting Director of the Degehabur District hospital reports no suspected measles cases from July to December. However, in neighboring Warder Zone, the RHB reported six suspected measles cases in Warder town during the week of December 2. The RHB is working with MSF-Holland to conduct a measles vaccination campaign in Warder town. Blood samples are currently being tested.

¶12. (U) USG HAT staff note inconsistent reports regarding the next measles campaign which, according to UNICEF, is scheduled for the end of 2008 or early 2009 in the Somali Region. However, the RHB reports that a measles campaign has not been scheduled. Given current concerns regarding a potential outbreak, UNICEF is exploring the possibility of initiating a measles campaign in January or February 2008 in Somali Region.

ACUTE WATERY DIARRHEA

¶13. (U) USG HAT staff were unable to access Degahamedo District to evaluate GFDRE Disaster Prevention and Preparedness Agency (DPPA) and U.N. World Health Organization (WHO) reports of unconfirmed cases of acute watery diarrhea, due to security concerns voiced by the Degehabur zonal administrator.

RECOMMENDATIONS AND COMMENTS

¶14. (U) To address the increased concerns regarding a potential measles outbreak in Somali Region, USG HAT staff recommend emergency health interventions focused on increasing measles coverage. Due to restricted humanitarian access, an opportunistic measles vaccination

strategy should be developed to maximize measles coverage. This includes linking measles vaccination with other planned activities,

such as the Enhanced Outreach Strategy (EOS) and UNICEF mobile, health, nutrition, and WASH teams and coordinating with scheduled food distributions in order to maximize coverage

¶15. (U) Until nutrition surveys can be conducted in the conflict-affected areas of Somali Region to better guide intervention strategies, collecting screening data should be an integral part of emergency interventions. This information can then be used to better identify vulnerable populations.

¶16. (U) In the coming weeks, the USG HAT will continue to conduct assessment visits in Somali Region to develop an improved understanding of humanitarian conditions and inform appropriate response efforts. End comment.

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